Improving Preventive Care in SCI

Flu and Pneumonia Vaccines

Influenza and pneumonia kill more people annually than any other vaccine-preventable disease in the U.S., while costs for their treatment total in the billions of dollars per year. Vaccination is especially important for individuals with spinal cord injury and disorder (SCI&D), who are more likely to die if they contract influenza or pneumonia than those in the general population.[1] However, in 1998 individuals with SCI&D in VHA were less likely than other veterans to be vaccinated, with vaccination rates of only 26% for influenza and 25% for pneumonia (PPV).[2]

Increasing Vaccination Rates

The Spinal Cord Injury Quality Enhancement Research Initiative (SCI-QUERI) team, working with clinical, administrative, and information technology staff at 23 VHA spinal cord injury centers across the country, implemented four interventions to increase vaccination rates for individuals with SCI&D. Interventions included:

- Patient reminder letters with educational materials,

- Practitioner education materials,

- Computerized-clinical reminders, and

- Standing orders for administration of flu vaccine by nursing staff.

Staff working on the Vaccine Initiative Project helped put these evidence-based strategies into practice by teaching skills, sharing knowledge with individuals and teams in the SCI centers, and networking throughout the VA healthcare system.

The strategies were adopted by personnel in the centers, and influenza vaccination rates rose across all 23 SCI Centers. Today, vaccination rates for veterans with SCI&D have reached 79% for influenza vaccine and 87% for PPV.[3]

Vaccine Initiative Handbook

From their work implementing these strategies at multiple VHA facilities, the SCI-QUERI team has developed checklists, recommendations, and supporting tools and materials contained in a *VHA Vaccine Initiative Handbook.* The Handbook is now available to guide SCI clinicians and managers interested in increasing their VHA facilities' vaccination rates for high-risk patients.

If low vaccination rates for high-risk patients are an important issue for your facility, the *Vaccine Initiative Handbook* program and tools could help you **improve respiratory vaccinations rates**!

Please see the back page for how to get more information about SCI-QUERI and the Vaccine Initiative Handbook.

References:

1 DeVivo MJ, Black KJ, Stover SL. Causes of death during the first 12 years after spinal cord injury. Arch Phys Med Rehabil. 1993;74:248-254.

2 Department of Veterans Affairs, Office of Quality and Performance, External Peer Review Process, 1999.

3 Department of Veterans Affairs, Office of Quality and Performance, External Peer Review Process, 2002.

QUERI
Quality Enhancement Research Initiative

How Do I Learn More?

For information about SCI-QUERI and the *Vaccine Initiative Handbook,* contact:

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Web Resources

For more information about SCI-QUERI, visit their website at:

www.sci-queri.research.med.va.gov

For more information about the QUERI program in general, visit the national QUERI website at :

www.hsrd.research.va.gov/queri.

SCI-QUERI Executive Committee:

Research Coordinator, **Frances Weaver, PhD,** and Clinical co-Coordinators, **Barry Goldstein, MD, PhD** and **Margaret Hammond, MD** lead the Executive Committee. The SCI-QUERI Executive Committee includes other experts, representatives of service organizations, and consumers in the field of spinal cord injury: Vivian Beyda, DrPH (United Spinal Association); Stephen Burns, MD; Eileen Collins, PhD, RN; Fred Cowell (Paralyzed Veterans of America); Susan Garber, MA, OTR, FAOTA; David Gater, MD, PhD; Ronald J. Gironda, PhD; Jennifer Hastings, PT, MS, NCS; Helen Hoenig, MD; **Marcia Legro, PhD** (Implementation Research Coordinator); Audrey Nelson, PhD, RN; Michael Priebe, MD; Arthur M. Sherwood, PE, PhD (National Institute on Disability and Rehabilitation Research); and Ann M. Spungen, EdD.